Personal privacy information

/oluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information
rovide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 3 -001

Row 1 Administrative Data	Reporter Name [redacted]		Submission date.	Contact person (if different than reporter)	Internal ID *2217523*
	Address ***MS*** ***USA***			Address	
	Phone # [redacted]			Phone #	
	Incident Status: *New*	Location and date of incident ***MS*** ***USA*** ***04/06/2018***		Date registrant became aware of incident. ***04/15/2018***	Was incident part of larger study? ***No***

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***53883-59***	EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s) ***Glyphosate***	A.I. (s)	A.I. (s)
	Product 1 name ***Surrender Eraser Systemic Weed & Grass Killer***	Product 2 Name	Product 3 Name
	Exposed to concentrate prior to dilution? ***No***	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?
	Formulation ***Liquid***	Formulation	Formulation

Row 3 Incident Circumstances	Evidence label directions were not followed? ***No*** Intentional misuse? ***No*** Applicator certified? ***UNK***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***		

Brief description of incident circumstances.

Apr 15 2018 9:26AM
Hx: Caller's husband sprayed with the product on 4/6. On the morning of 4/7 he got up to find that he was very dizzy and weak. She took him into an immediate care facility. They took a CXR, found 'some thickening' of his lungs, and gave him a steroid and abx injection. He was dx with walking pneumonia. He now has numbness in his legs, is very dizzy and weak. She also states that the doctors said it was 'sinus' related, but does not elaborate. Is this from the product?

A: Doubtful that husband's sxs are related, but can assist further once we have more product information. Caller becomes very upset when repeatedly asked for and told that we need exact product information (EPA reg #, AI) to be able to properly identify the product and assist her. States we do not know what we are doing and abruptly disconnects.
* * * * * * * * * * * * * * * * * *
Apr 16 2018 2:32PM
Client notified

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Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Demographic information: Age: ***64 Year(s)*** Sex: ***Male*** Occupation (if relevant) ***Not specified***	Exposure route: ***Unknown route***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? ***No***	Was protective clothing worn (specify)? ***None Reported***
If female, pregnant? ***NA***	Was exposure occupational? ***Not specified*** If yes, days lost due to illness: ***Not specified***	Time between exposure and onset of symptoms: ***Unable to determine***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***ER, Urgent Care or Emergent DVM***	List signs/symptoms/adverse effects ***Neurological-Numbness*** ***Neurological-Dizziness/vertigo*** ***Neurological-Muscle weakness*** ***Respiratory-'Thickening' of lungs*** ***Respiratory-Walking pneumonia***		If lab tests were performed, list test names and results (If available, submit reports) ***None Reported***
Exposure data: ***NA*** Amount of pesticide: ***NA*** Exposure duration: ***Acute < 8hrs*** Patient weight: ***Unknown***			
Human severity category: ***HC***			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
2217523